



BPA VACANCY ANNOUNCEMENT (#002504-04-DE)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION AND LOCATION: Information Technology Specialist (CUSTSPT), GS-2210-11, Portland, OR

OPENING DATE: 03/05/04

CLOSING DATE: 03/11/04*

ANNUAL PAY RATE:
\$49,553 - \$64,419

Selections at Bonneville Power Administration (BPA) are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability; nor will such action be based upon any personal relationship, patronage, or nepotism.

WHO MAY APPLY: All US Citizens

POSITION LOCATION: Bonneville Power Administration, Office of the Chief Operating Officer, Employee and Business Resources, Information Systems, Desktop Services, Portland, OR – CITP

*Applications must be postmarked by midnight (PST) 3/11/04 in order to be considered. Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight PST 3/11.

NOTES:

The full performance level of this position is GS-11.

This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.

This position is also being advertised for current permanent Federal employees and those eligible for special hiring authorities under announcement 002503-04. Please read announcements carefully as application procedures/closing dates may vary.

CAREER TRANSITION ASSISTANCE PROGRAM (CTAP)/INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP):

Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to www.opm.gov or to www.jobs.bpa.gov. You may also call the point of contact for this position for CTAP/ICTAP information and assistance.

CONDITIONS OF EMPLOYMENT:

If selected, you will be required to complete a Declaration for Federal Employment (OF 306, revised 1/01) to determine your suitability for Federal employment and to authorize a background investigation. You will be asked to sign and certify the accuracy of all information in your application. If you make any false statement in any part of your application, you may not be hired; or you may be fined, jailed, or fired after you begin work. The correct version of the OF-306 form is available at: http://www.opm.gov/forms/pdf_fill/of0306.pdf

Veteran's Preference: A 5-point preference is granted to veterans who entered military service prior to October 14, 1976, or who served in a military action for which they received a Campaign Badge or Expeditionary Medal, or who served on active duty during the Gulf War from August 2, 1990 through January 2, 1992 and who served continuously for a minimum of 24 months or for the full period for which called or ordered to active duty. You may be entitled to a 10-point veteran's preference if you are a disabled veteran or Purple Heart recipient or you are the widow, widower, or mother of a deceased veteran. You must submit a Standard Form 15 (SF-15) and documented proof of your claim.

MAJOR DUTIES: The Information Technology Specialist (CUSTSPT) resides in the Desktop Client Services organization, Information Systems. The incumbent provides desktop services client support, change management and move coordination services and support for the Portland organizations. The position is responsible for providing Change Management support to the Desktop Client Support teams within the Agency. The incumbent serves as the move coordinator and provides support with regards to their desktop systems, network attached printers, use of common desktop applications, and other

general desktop support activities. The position is responsible for developing and implementing all phases of Change Management activities including the testing of new software for agency deployment; assigning team members specific tasks/projects based on technical assessments; and investigating and testing new software, hardware, and configurations to meet changing technical requirements. The incumbent is responsible for coordinating both small and large moves within the organization. The incumbent installs and supports Microsoft Windows 2000 and Windows XP including troubleshooting and resolving the problems that occur. The position develops and implements software-loading utility such as batch files. Installs and supports standard desktop tools and installs hard drives, monitors, CDROMS and RAMS.

QUALIFICATION REQUIREMENTS: Applicants must have had a total of 1 year specialized experience that has equipped them with the particular knowledge's, skills and abilities to perform successfully the duties of the position, and that is typically related to the work of this position. **Specialized experience: Experience developing and implementing IT technical Change Management activities, including Desktop Operating Systems and Citrix Terminal server software, within an enterprise environment. Experience includes coordinating a move within a business environment (arranging for network services, telephone services, and movers).**

Note: In order to be rated as qualified for the position, we must be able to determine that you meet the specialized experience requirement - please be sure to include this information in your application. To be creditable, specialized experience must have been equivalent to the next lower grade of the position to be filled. Applicants who have qualifying experience performed on less than a full-time basis must specify the percentage and length of time spent in performance of such duties.

BASIS OF RATING: No written test is required. If qualified, ratings will be based on an evaluation of the quality and extent of experience, education, and training in relation to the following knowledge's, skills, and abilities. Applicants should submit narrative responses to the following KSA's. Failure to submit your narrative responses to the KSA's for this position may negatively affect your eligibility and/or rating.

- 1. Knowledge of IT technical Change Management sufficient to develop and implement all phases of change management activities within an enterprise environment.** *(Describe your experience developing and implementing change management activities).*
- 2. Ability to organize IT moves within a business environment sufficient to serve as the move coordinator for the Agency.** *(Describe your experience developing plans and coordinating movers in order to move an organization within a business environment. Include experience scheduling the work of other organizations that have a role within the move).*
- 3. Ability to install, support, and upgrade desktop hardware, software, and operating systems in a networked environment.** *(Describe your experience installing, supporting, and upgrading desktop hardware, software, and operating systems. Include the types of systems, applications, and software. Include your experience installing and supporting desktop tools).*
- 4. Ability to work effectively and independently on several projects simultaneously sufficient to complete assignments, meet short deadlines, and respond to client needs.** *(Describe your experience independently setting goals, meeting schedules, and analyzing problems while meeting client needs).*
- 5. Ability to work and communicate effectively with a variety of people sufficient to be a team member as well as provide IT technical support to clients.** *(Describe your experience working effectively with others using oral communication to explain IT issues. Include any experience you have working on IT teams).*

APPLICATION INFORMATION:

There is no specific required application form. There is specific information that you are required to submit. For further information on completing your application, please refer to the statement below "Required Information on Resumes."

- Applicants may, at their choice, submit a resume, the Optional Application for Federal Employment (OF 612), a copy of the obsolete Application for Federal Employment (SF 171), or any other written application format.
- All applications must contain sufficient information to determine eligibility for the position.
- **Applicants will not be contacted for missing information. Material received after the closing date will not be accepted.**

HOW TO APPLY:

Submit your application with supplemental information. It must be received with the application. Your application package should include the following:

1. Your resume, or other application, that fully describes your education and experience.
2. Narrative responses to Knowledges, Skills, and Abilities
3. If you are applying for consideration with 5-point veteran's preference, you must provide a copy of your DD-214 (Member 4).
4. If you are applying for consideration with 10-point veteran's preference, you must provide a copy of your DD-214 (Member 4), Standard Form 15 (Application for 10-Point Veteran Preference), and documented proof of claim as specified on SF-15.

5. All applicants are encouraged to complete and submit DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached or may be accessed at: <http://www.directives.doe.gov/pdfs/forms/1600-7.pdf>).
6. OF-306 (revised 1/01), Declaration for Federal Employment

REQUIRED INFORMATION ON RESUME*:

1. Announcement number, title, and grade of the position for which you are applying.
2. Your full name, mailing address, and day and evening telephone number.
3. Your e-mail address (please provide if available – failure to provide will not effect the processing of your application.)
4. Your Social Security Number.
5. Country of citizenship.
6. High school attended which includes name of high school, location (city/state), and date of diploma or GED.
7. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title ((**YOU MUST INCLUDE SERIES AND GRADE IF FEDERAL JOB**), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (**including month and year**), salary, hours worked per week, salary).
8. Indicate if we may contact your current supervisor.
9. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.

****Please note that if your resume or application does not provide all the information requested in the vacancy announcement, you may lose consideration.**

FORMS AVAILABILITY: All application materials may be obtained from all Bonneville Power Administration Human Resources offices (2401 NE Minnehaha, Construction Services Building, Vancouver, WA 98663; or 905 NE 11th Avenue, Portland, OR 97232), or by calling 360-418-2090 or 503-230-3055. You may also download a copy of this announcement, including all forms from our website at <http://www.jobs.bpa.gov/>

If you have questions, you may call the Staffing Center, 360-418-2090 or 503-230-3055.

Applicants should retain a copy of their application as BPA does not return applications or provide copies.

WHERE TO APPLY:

If **mailing** your application, please send to the following address: Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666, (street address): 2401 NE Minnehaha Street, Vancouver, WA 98663

If applications are delivered in person, they can be delivered to the address above **OR** to: Bonneville Power Administration, Personnel Services, 905 NE 11th Avenue, Portland, OR 97232.

RECEIPT OF APPLICATION:

Your complete application must be **POSTMARKED** no later than 12 midnight Pacific Standard Time (PST) of the closing date to be accepted. Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight PST.

Applicants will be notified of receipt of their application package.

FAX APPLICATIONS:

Faxed applications should be sent to **360-418-2063**. Applicants are responsible for ensuring that application materials transmit successfully.

EMAIL APPLICATIONS:

Applications should be sent as email attachments to: jobs@bpa.gov. The Announcement Number must be included in the subject line of the email. Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined at BPA. Applicants who apply by email will receive an email confirmation. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

THE BONNEVILLE POWER ADMINISTRATION IS A HARASSMENT FREE WORKPLACE.

www.va.gov	http://www.jobs.bpa.gov/	www.usajobs.opm.gov	http://www.opm.gov/qualifications/index.htm
Veterans Administration	Bonneville Power Administration	Office of Personnel Management Jobs	Office of Personnel Management

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.** Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code; and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

SECTION A. DISABILITY STATUS ☐ ☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability
16. Total deafness in both ears, with or without understandable speech.
23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
25. Blind in both eyes (no usable vision, may have some light perception).
28. Missing one arm or one leg.
33. Missing hands or both arms or both feet or both legs.
35. Missing one hand or arm and one foot or leg.
64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
65. Partial paralysis of both legs, any part, or both arms, any part.

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

- 67. Partial paralysis of one side of the body, including one arm and one leg.
- 68. Partial paralysis of three or more major parts of the body (arms and legs)
- 71. Complete paralysis of both hands or both arms or both legs.
- 72. Complete paralysis of one arm or one leg.
- 76. Complete paralysis of lower half of body, including legs.
- 77. Complete paralysis of one side of body, including one arm and one leg.
- 78. Complete paralysis of three or more major parts (of body) (arms and legs).
- 82. Convulsive disorder (e.g. epilepsy).
- 90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
- 91. Mental or emotional illness (a history of treatment for mental or emotional problems).
- 92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
- 06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins. |

F. Other

☐

A person not included in the above categories.

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

☐

Internet web-site

☐

Newspaper Ad

☐

Trade Journal

☐

Other (Please indicate)

Declaration for Federal Employment

GENERAL INFORMATION 1. FULL NAME (First, middle, last)	2. SOCIAL SECURITY NUMBER
3. PLACE OF BIRTH (Include City and State or Country)	4. DATE OF BIRTH (MM/DD/YY)
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6. PHONE NUMBERS (Include Area Codes) DAY NIGHT

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? ☐ YES ☐ NO *If "NO" go to 7c.*
- 7c. If "NO", describe your reason(s) in item #16.

MILITARY SERVICE

8. Have you served in the United States Military? ☐ YES *Provide information below* ☐ NO
- If you answered "YES", list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? <i>If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? <i>If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment**Electronic Form Approved**
by CILR 07/24/02**ADDITIONAL QUESTIONS**

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halvesister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I **understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

_____	Date	_____
(Sign in ink)		

17b. Appointee's Signature:

_____	Date	_____
(Sign in ink)		

APPOINTING OFFICER: Enter Date of Appointment or Conversion MM/DD/YYYY

18. **Appointee (Only Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	MM / DD / YYYY		
DATE:			
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT KNOW <input type="checkbox"/>
18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO NOT KNOW <input type="checkbox"/>

U.S. Office of Personnel Management

NSN 7540-01-368-7775

Optional Form 306
Revised January 2001
Previous editions obsolete and unusable
FILE CODE: PE-20-12
RETENTION: CHR/CF = 2 YRS; OTHERS = A